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CONFIRMATION NO. 1880

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/772,163  | <b>FILING OR 371(c) DATE</b><br>02/03/2004<br><b>RULE</b>   | <b>CLASS</b><br>604           | <b>GROUP ART UNIT</b><br>3763   | <b>ATTORNEY DOCKET NO.</b><br>2687-005 |                                |
| <b>APPLICANTS</b><br>Wilmer L. Sibbitt JR., Albuquerque, NM;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/444,204 02/03/2003 <i>ASB</i><br><b>** FOREIGN APPLICATIONS *****</b><br><i>none ASB</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/06/2004</b> |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____                         |   | <b>STATE OR COUNTRY</b><br>NM | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>14              | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>40271   |   |                               |   |  |                                |
| <b>TITLE</b><br>Multidiameter syringe families  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>536   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |